

REQUEST FOR USE OF LIGONIER VALLEY LIBRARY FACILITIES

Organization _____

Non-Profit ___
Business and Private Use ___

Representative _____

Address _____ Daytime Phone _____

Email _____

Date(s) Requested _____

Purpose of Request _____

Time: From _____ to _____ Will you be serving refreshments? _____

Facilities Requested: Community Room Conference Room
 Smart Room Kitchen Facilities _____

- The group will be responsible for setting up tables and chairs and putting them away when the meeting is finished
- Advance set up needed. An additional fee will be charged for this service. Please provide details _____

Audiovisual equipment is available for an additional fee*
Laptop computer(s) _____
LCD Projector _____
Sound System _____

*Representative is responsible for making arrangements with library staff prior to meeting date to test compatibility of equipment for presentations.

Only requested date(s), once confirmed will be guaranteed. Cancellations must be made within two business days prior to event.
Fees (if required) are payable with application.

I (We) have read and received a copy of the rules and regulations for renting this facility and by signature below do hereby agree.

SIGNATURE DATE

LIGONIER VALLEY LIBRARY DATE

Amount Paid